

A Supervisor's Guide to Workers' Compensation: Fact & Fiction

Participant Guide



National Park Service TEL Training
April 2009

How to Interact with the Instructor

We encourage you to ask questions and share your comments with the instructors throughout this interactive television (ITV) course.

If you were physically in the classroom with the instructor, you would raise your hand to let him know you had a question or comment. Then you would wait for the instructor to recognize you and ask for your question. We are all familiar with that “protocol” for asking questions or making comments.

With ITV courses there is also a “protocol” to follow to ensure you can easily ask questions and others can participate as well. It may seem a little strange at first asking a question of a TV monitor. Remember, it is the instructor you are interacting with and not the monitor. As you ask more questions and participate in more ITV courses, you will soon be focusing only on the content of your question and not the equipment you are using to ask it.

As part of the ITV equipment at your location, there are several push to talk microphones. Depending on the number of students at your location, you may have one directly in front of you or you may be sharing one with other students at your table.

When you have a question, press the push to talk button and say,

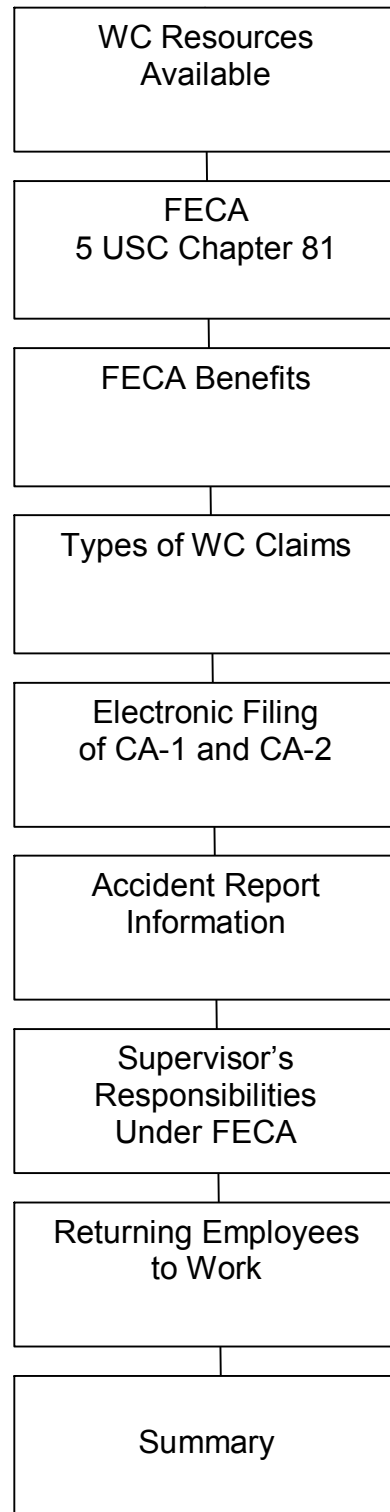
“Excuse me [instructor’s first name], this is [your first name] at [your location]. I have a question (or I have a comment).”

Then release the push to talk button. This is important. Until you release the button, you will not be able to hear the instructor. The best distance from the microphone is 10-12 inches. If you get closer than this, the instructor will have difficulty in hearing you clearly.

The instructor will acknowledge you and then ask for your question or comment.

Stating your name and location not only helps the instructor, but also helps other students who are participating at different locations to get to know their classmates.

A Supervisor's Guide to Workers' Compensation (WC) Course Map



Course Objectives**Notes**

After completing this course, you should be able to –

1. Explain the purpose of the Federal Employees Compensation Act (FECA).
2. List the duties of a supervisor specified by the FECA.
3. Explain the responsibilities of the employee, supervisor, and workers' compensation coordinator (WCC).
4. List the five different types of benefits provided by the FECA.
5. List the two types of workers' compensation claims that can be filed.
6. Demonstrate how to electronically process an employees' CA-1/2 and the supplemental Safety Incident Report using the Safety Management Information System (SMIS).
7. Explain the information required in the supplemental Safety Incident Report
8. Identify the personnel available to assist you with workers' compensation cases.

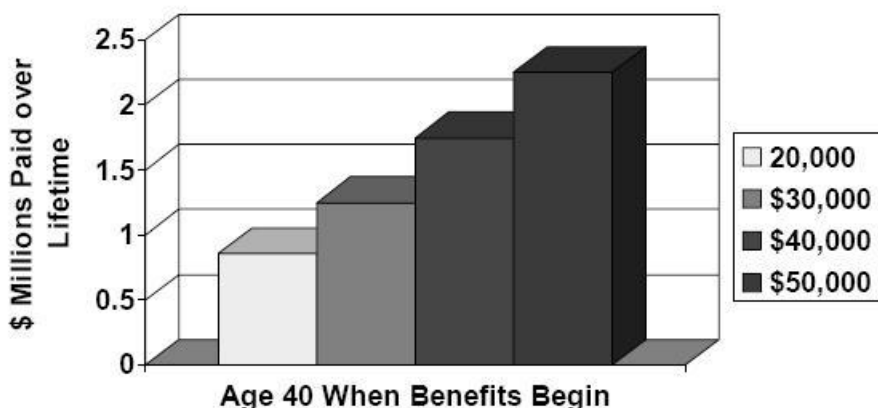
Share Initiative

- 3% reduction in total case rate
- 3% reduction in loss time case rate
- 5% improvement in timeliness
- 1% reduction in lost production days

**Think About It...**

What are some of the direct and indirect costs associated with workplace injuries and workers' compensation claims?
What are some things that you feel could be done to reduce these costs?

Projected Lifetime Disability Costs



Lost Production Days	FY2006 Baseline	FY2008 Target	FY2008 Year- End LPD	FY2009 Target
<u>Department of Interior</u>	57.2	56.10	56.30	55.5
Bureau of Indian Affairs	63.4	62.10	64.90	61.50
Bureau of Land Management	51.7	50.70	51.00	50.20
Bureau of Reclamation	57.1	56.00	55.00	55.40
Fish & Wildlife Service	38.3	37.5	27.40	37.20
National Park Service	98.7	96.70	85.1	95.80
US Geological Survey	6	15 or less	15.2	15 or less

OPM Study –

- “Top management leadership and support is critical to establishing the control of WC costs...”
- “The more informed supervisors and employees are concerning WC procedures, the more likely an employee’s return to work can be expedited.”
- Employees who returned to work stated that contact with their supervisor and work peers made a significant difference in helping them to return.

Workers' Compensation Resources (People)**Notes****Regional Workers' Compensation Manager (RWCM)**

Carol Moore
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Northeast Region
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NPS Workers' Compensation Program Manager

Steve Rosen
(303)987-6778 steve_rosen@nps.gov

OWCP Claims Examiners

Assigned by case. See online reference below to OWCP District Offices.

FWS REGIONAL WC COORDINATORS**April 2009****REGION 1 (HI, ID, OR, WA, GU) and Region 8 (CA, NV)**

Robert VanBuskirk
Regional Safety Office
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Portland, Oregon 97232-4181
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Fax – (503) 231-2147
robert_vanbuskirk@fws.gov

REGION 2 (AZ, NM, OK, TX)

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anna_vargas@fws.gov

REGION 3 (IL, IN, IA, MI, MN, MO, OH, WI)

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Fax - (612) 713 – 5281
kathleen_schleener@fws.gov

REGION 4 (AL, AR, FL, GA, KY, LA, MS, NC, SC, TN, PR, VI)

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Regional Safety Office
1875 Century Blvd, Suite 360
Atlanta, Georgia 30345
Phone - (404) 679-4188
Fax - (404) 679-4183
linda_harbert@fws.gov
angela_wyatt@fws.gov

REGION 5 (CT, DE, ME, MD, MA, NH, NJ, NY, PA, RI, VT, VA, WV)

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REGION 6 (CO, KS, MT, NE, ND, SD, UT, WY)

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Region 7 (AK)

Rebecca Moore
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1011 East Tudor Road
Anchorage, Alaska 99503
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rebecca_moore@fws.gov

REGION 9 (DC)

Kathy Cannavino
Division of Personnel Management
4501 N. Fairfax Drive
Arlington, Virginia 22203
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kathy_cannavino@fws.gov

Washington Office

Mary Parkinson
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4401 N. Fairfax Drive, Mailstop 7097-43
Arlington, VA 22203
Phone – (703) 358-2255, Fax – (703) 358-1875
mary_parkinson@fws.gov

The WCC for our park/field station is:

Name _____

Phone _____

The RWCM for our region is _____

Web Resources

- DOI
www.smis.doi.gov
 File CA ½
 Reference Library
- DOL, Employment Standards Administration,
 Office of Workers' Compensation Programs,
 Division of Federal Employees' Compensation

<http://www.dol.gov/esa/owcp/dfec/index.htm>

- [Questions and Answers about the FECA \(CA-550\)](#)
- [Injury Compensation for Federal Employees \(CA-810\)](#)
- [Forms](#)
- [When Injured At Work \(CA-11\)](#)

UNITED STATES DEPARTMENT OF LABOR
Employment Standards Administration

April 27, 2009 Find It! | A to Z Index | Search: ☐ All DOL ☒ ESA Enter search term

[DOL Home](#) > [ESA](#) > [OWCP](#) > [DFEC](#)

Office of Workers' Compensation Programs (OWCP)

ESA OFCCP OLMS **OWCP** WHD

OWCP Administers disability compensation programs that provide benefits for certain workers or dependents who experience work-related injury or illness.

Black Lung Longshore Energy **Federal Employees' Comp**

Division of Federal Employees' Compensation (DFEC)

About DFEC

The Federal Employees' Compensation Act provides workers' compensation coverage to three million federal and postal workers around the world for employment-related injuries and occupational diseases.

- [DFEC Mission Statement](#)

The resources below pertain only to federal employees and agencies. Workers injured while employed by private companies or by state and local government agencies should contact their [state workers' compensation board](#).

Highlights

- [Jurisdictional Change for New Cases Effective 10/1/2008](#)
- [Latest LPD Data](#)
- [Latest Timeliness Data](#)
- [Amendment to FECA, 5 U.S.C. § 8102a - Death Gratuity](#)
- [FECA Program Goals and Performance \(GPRA\)](#)
- [A.M.A. Guides to Impairment, 6th Edition](#)

Contact Us

- [Contact Us](#): 1-866-692-7487
TTY: 1-877-889-5627

Most Requested

- [Forms](#)
- [Medical Authorization and Bill Processing](#)
- [When Injured at Work \(Publication CA-](#)

Laws & Related Materials

- [Federal Employees' Compensation Act \(FECA\)](#)
- [Regulations Under the FECA](#)

Internet 100%

<http://owcp.doi.acs-inc.com>

Federal Employees Compensation Act (FECA)

5 USC Chapter 81

Notes

The FECA is the law which provides benefits for civilian employees of the United States Federal Government who have suffered work-related injuries or occupational diseases.

These benefits include payment of medical expenses and compensation for wage loss. The FECA also provides for payment of benefits to dependents of employees who die from work-related injuries or diseases.

However, the FECA DOES NOT provide retirement benefits. The FECA is written to indicate that employees who fully or partially recover from an injury or disease are expected to return to work as soon as possible.

Workers' Compensation Acronyms

The Workers' Compensation program has many acronyms that you should be familiar with as a supervisor. The list below will give you a start at understanding some of the most commonly used acronyms.

AWA	Alternate Work Assignment
CE	Claims Examiner
COP	Continuation of Pay
DOL	Department of Labor
FECA	Federal Employees Compensation Act
IW	Injured Worker
LBB	Leave Buy Back
LWOP	Leave Without Pay
OWCP	Office of Workers' Compensation Programs
RTW	Return to Work
SMIS	Safety Management Information System

FECA Benefits**Notes****Medical Treatment**

- Allowed for on-the-job injury
- Employees may select physician
- Employees may NOT change physician without OWCP approval
- Covers medical testing, physical therapy, surgery and other diagnostic medical issues
- Requires CA-16

Wage Loss Compensation

- Provides non-taxable compensation to disabled workers
- Provides non-taxable compensation to partially disabled workers

Schedule Awards

- Based on maximum improvement of injured body part
- Paid by OWCP over weeks based on injured body part
- Only compensation employee can receive while still working
- CA-7 required to request

Vocational Rehabilitation

- Retrains/educates for different work experience
- Agency determines it can no longer accommodate employee

Death Benefits

- Survivor payment to qualified widow/widower
- Survivor payment to qualified dependents

Name That Benefit

_____ A tree worker on your staff has suffered extensive injuries. His medical documentation indicates that he suffers with the following permanent medical restrictions: no climbing, no reaching, no pulling, walking no more than 50 feet at a time, sitting or standing no longer than 1 to 2 hours at a time, and no lifting of more than 35 pounds. You do not have an alternate work assignment or permanent position to accommodate his restrictions. What benefit do you believe would be most appropriate for him?

_____ One of your employees is giving a tour in a cliff area of your park/refuge. While doing so, he accidentally falls off the edge at a 200 foot drop onto the rocks below. Though he will not be able to personally receive FECA benefits, what benefit, if any, would you advise is payable?

_____ You are a new supervisor at your park/refuge. You are reviewing records of all the employees on your staff. You notice that an employee named Susan has been receiving a non-taxable payment every 28 days from OWCP for the last 4-1/2 years. What benefit is she receiving?

_____ Your secretary touched an exposed wire near her desk and experienced a painful shock beginning in her fingers and extending to her elbow. She returns to work after being off for one week. Several weeks later, she provides you with medical documentation which certifies that she has lost a big portion of her ability to feel with her fingers and in her lower arm. What benefit could she be entitled to?

_____ Your Animal Caretaker has just been bitten on the knuckles by one of the snakes that you have in the exhibit hall at your park/refuge. The Animal Caretaker is extremely upset and agitated. You are trying to calm the situation. What would be the first benefit that you would offer and/or advise the injured worker about?

WC Claims Processing**Notes****Traumatic Injury**

- Identifiable by time and place of occurrence and body part affected
- Caused by specific event or series of events
- Happens during one work shift
- Wound or other condition caused by external force

CA-1 Notice of Traumatic Injury

- Employee initiates claim through Safety Management Information System (SMIS)
- Supervisor retrieves claim from SMIS and completes supervisor section
- Witnesses statements if applicable
- WC Coordinator (WCC) reviews
- If medical treatment is needed, WCC provides CA-16

Continuation of Pay (COP)

- Applies to a traumatic injury
- May continue for up to 45 calendar days
- Used for time loss caused by injury
- Used for time loss for medical treatment for injury
- Intended to avoid pay interruption
- Is NOT considered compensation
- Is subject to usual deductions of pay

Continuation of Pay (COP) Payroll Codes

- Time off work on regular work days is coded 160
- Time off work during lieu days is coded 161
- Back to regular or light duty is 010, do NOT use 16a-k

In the case of traumatic injury, time loss on the day of the injury is charged to administrative leave.

WC Claims Processing (continued)**Notes****Occupational Disease**

- Produced in work environment by factors such as systemic infection; repeated stress or strain; or exposure to hazardous elements
- Condition produced over a period longer than single workday or shift

CA-2 Notice of Occupational Disease

- Employee notifies supervisor
- Supervisor refers to WCC
- Employee completes CA-2 in SMIS with assistance of WCC
- Accompanied by CA-35a-h (appropriate for the specific condition)
- Employee provides medical documentation
- No CA-16 issued, employee must pay medical expenses until adjudicated and accepted

Types of WC Claims

For each of the following put a “T” or an “O” in the blank next to the case to indicate whether a Traumatic Injury or an Occupational Disease claim would be filed.

- Lola Turnip was exercising in the agency gym. While jumping on the trampoline, she took one jump too high and landed on the floor. She was so embarrassed that she just got up and walked out of the gym without looking back. She doesn’t remember feeling any pain or discomfort when she fell. However, the next morning, she was in serious pain in her left hip, which is the side she landed on.
- Officer Turner was patrolling Lafayette Park when all of a sudden, a homeless man appeared out of no where and began to attack him. Officer Lafayette tried to restrain the man by falling to the ground with him. Several other officers in the area came to assist Officer Turner. When they gained control of the scene, it was apparent that Officer Turner was very upset and shaken. However, he continued to say, I’ll be alright, I’ll be alright.”
- Chris Potts entered the building and smelled a horrible odor. It made him feel sick to his stomach and he started coughing. He went back outside and after a few minutes, he felt much better. He decided to enter the building through another entrance to get to his 4th floor office. When he got to his office, he did not feel completely better but felt better enough to stay at work. Several days later, Chris started feeling that same nauseating feeling that he felt when smelled that horrible smell. His chest grew tight, and he had difficulty breathing. His supervisor called for emergency assistance. At the hospital, Chris was diagnosed with suffering from bronchial spasms. He believes that it was the horrible odor that he was exposed to a week before that is causing his problem.
- After returning from performing rounds in Camp Meadowview, Sharon Kemp noticed that she had several ticks attached to her ankle. She really panicked and was rushed to the emergency room. Sharon was really affected emotionally by the sight of the ticks. Her doctor suggested that she stay away from work for at least one week. Sharon returned to work one week later and then visited her doctor 2 weeks after that. She has now returned to work with a medical note indicating that she is suffering from Lyme Disease.

Electronic Filing

Timeliness of Filing	FY2003 Baseline	FY2008 Target	FY2008 Year- End Timeliness	FY2009 Target
<u>Department of Interior</u>	41.80%	55.0%	80.0%	60.00%
Bureau of Indian Affairs	21.60%	---	33.10%	60.00%
Bureau of Land Management	41.20%	---	92.70%	60.00%
Bureau of Reclamation	40.50%	---	75.70%	60.00%
Fish & Wildlife Service	46.30%	---	87.80%	62.10%
National Park Service	50.20%	---	86.70%	67.30%
US Geological Survey	33.80%	---	87.00%	60.00%

Electronic Filing Responsibilities

Employee

- Initiates the claim using SMIS
- Completes CA-1 or CA-2
- Notify supervisor (email or printed)
- Have witnesses complete statements
- MUST confirm that electrons went through (email back, view status, etc.)

Supervisor

- Review the employee's claim in SMIS and have employee clarify if necessary
- Completes supervisor portion of claim using SMIS
- Completes any supplemental information required by SMIS
- Consult with WCC as necessary

WCC

- Grant proxy access if necessary
"...on their behalf..."
- Generate and lookup claim ID
- Review employee's claim
- Complete WCC portion
- Transmit, print, get signatures
- Review pending claims – red flags?

Supervisor's Report		
18. Employee's duty station (Street address and zip code) Addr: TEST LOCATION City: State: Zip: 80228		
19. Employee's retirement coverage: <input type="radio"/> CSRS <input checked="" type="radio"/> FERS <input type="radio"/> Other, Identify		
20. Regular Work Hours From: 8:00 AM To: 5:00 PM		21. Regular Work Schedule <input type="checkbox"/> Sun. <input checked="" type="checkbox"/> Mon. <input checked="" type="checkbox"/> Tue. <input checked="" type="checkbox"/> Wed. <input checked="" type="checkbox"/> Thu. <input checked="" type="checkbox"/> Fri. <input type="checkbox"/> Sat.
22. Date Of Injury 01/30/2006 12:00PM		23. Date Notice Received 01/30/2006
24. Date Stopped Work Time: 12:00 AM		25. Date Pay Stopped
26. Date 45 Day Period Began		27. Date Returned To Work Time: 12:00 AM
28. Was employee injured in performance of duty? <input checked="" type="radio"/> Yes <input type="radio"/> No (If "No," explain [264 Chars Max]) Chars left		
29. Was injury caused by employee's willful misconduct, intoxication, or intent to injure self or another? <input type="radio"/> Yes <input checked="" type="radio"/> No (If "Yes," explain [264 Chars Max]) Chars left		
30. Was injury caused by third party? <input type="radio"/> Yes <input checked="" type="radio"/> No (If "No," go to item 32) The Third party is a: Person		31. Name and address of third party (Include city, state, and ZIP code) Last Name: First Name: Addr: City: State: Zip:

36. Does the employing agency controvert continuation of pay? <input type="radio"/> Yes <input checked="" type="radio"/> No (If "Yes," state the reason in detail.) [max 264 chars] Chars left		37. Pay Rate When Employee Stopped Work \$ Annual
<input type="checkbox"/> I am challenging the claim, additional info will follow under separate cover.		

Certification of Supervisor and Filing Instructions		
38. A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect of this claim may also be subject to appropriate felony criminal prosecution. I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception: Chars left		
<input type="checkbox"/> I have read and understand the above statement.		
Name of supervisor Last: First: Middle:		Date
Supervisor Title		Office Phone
39. Filing Instructions <input type="radio"/> No lost time and no medical expense: Print and then place this form in employee's medical folder (SF-66-D) <input checked="" type="radio"/> No lost time, medical expense incurred or expected: Forward this form to OWCP <input type="radio"/> Lost time covered by leave, LWOP, or COP: forward this form to OWCP <input type="radio"/> First Aid		

Certification of Supervisor and Filing Instructions		
38. A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect of this claim may also be subject to appropriate felony criminal prosecution. I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception: Chars left		
<input type="checkbox"/> I have read and understand the above statement.		
Name of supervisor Last: ELLIOTT First: JENNIFER Middle: S		Date 01/30/2006
Supervisor Title		Office Phone
39. Filing Instructions <input type="radio"/> No lost time and no medical expense: Print and then place this form in employee's medical folder (SF-66-D) <input checked="" type="radio"/> No lost time, medical expense incurred or expected: Forward this form to OWCP <input type="radio"/> Lost time covered by leave, LWOP, or COP: forward this form to OWCP <input type="radio"/> First Aid		
Local Case Notes: (Enter any information you would like to convey to the compensation coordinator*) Chars left		
Injury Context* Standard (non-firefighting) Accident Report		
<small>*Information that you provide in these blocks is for local ROI use only and does not go forward to OWCP.</small>		

SMIS Supplemental Information

Why Narratives are Important

- Narratives provide field-level descriptions of the circumstances, conditions and events at the point of the accident.
- Information is first-hand or very close second-hand.
- You are responsible for ensuring that these statements are complete and reflect a thorough incident investigation.
- Change or reject narratives that are incomplete.

See Safety Review/Analysis Checklist in Appendix E to help you determine if all the information you need is in a given narrative.

Corrective Action Test

"If this solution were in place before this incident occurred, could this incident have occurred?" If the answer is a definitive "no" then the stated corrective action is effective. If the answer is "yes" or "maybe" or "possibly", then more effective solutions need to be found.

Codes

- Codes don't match factual information given or are left blank
- Using "unclassified".
 - Doing so will impact any code based reports you may need to run such as any of the Injury Breakout reports.

SMIS Supplemental Information

Answer These Questions...

- What was the employee doing before the incident occurred? What were others doing?
- What happened? What caused the event?
- What was the injury or illness?
- What object or substance directly inflicted the injury or illness?
- What preventative measures have been taken to prevent further injury?

General Information about the Accident:	
Accident OrgCode:	IN10IM1239 (safety) <input type="checkbox"/> Orgcode is not in list: <input type="text"/>
Activity Preceding Accident:	<input type="text"/>
What Happened:	The Claimant Reported: I WAS WALKING IN THE PARKING LOT AND SLIPPED ON ICE. I FELL ON MY SIDE.
Unsafe Act:	<input type="text"/>
Unsafe Condition:	<input type="text"/>
Corrective Actions:	<input type="text"/>

General Information about the Injured Individual:	
Date Employee Hired:	<input type="text"/>
Outcome of Injury:	Other Case (First Aid/Medical etc.) <input type="text"/> (Select Most Serious Outcome)
If fatal, Date of Death:	<input type="text"/>
Date on Restricted Dy:	<input type="text"/>
Date off Restricted Dy:	<input type="text"/>

Information about Environment Surrounding and the Injury/Illness:	
Category of Injury:	Injury (not occupational illness) <input type="text"/>
Severity of Injury:	00 No Treatment Requested <input type="text"/>
Time Work Began:	8:00 <input type="text"/> AM <input type="text"/>
What was Injured:	The Claimant Reported: BADLY BRUISED ELBOW AND KNEE CAUSED BY STRIKING THE ICE AND PAVEMENT.
Describe Source of Injury:	<input type="text"/>

To Edit or Not to Edit...That is the Question!

The following accident narratives are taken from actual submissions in the SMIS. Review each case and determine if you feel the information provided is sufficient. If it is not sufficient, what other additional information would you want to know?

The claimant reported: My wrist became sore at the end of the work day.

Additional Information?:

The claimant reported: I was in the warehouse moving pallets of toilet paper onto storage racks using a forklift. While adjusting the width of front end forks, the left fork slid to the correct position when pushed into place with my foot. When adjusting the right fork it did not slide horizontally outward when pushed with my foot. I then tried to adjust the right fork by grasping and lifting the top of the heavy fork and pulling the fork toward the outside of fork lift. The fork swung vertically upward, then slipped from finger grip of my gloved hands and fell, trapping my left hand middle finger tip at a pinch point.

Additional Information?:

The claimant reported: I was lifting an 80 pound manhole cover lid utilizing a pry bar to read water meter in a 3 foot manhole. As I lifted the lid, I inadvertently had my left foot too close to the manhole rim. The lid slipped off the pry bar and fell over onto my left foot crushing the metatarsal of my left foot.

Additional Information?:

The claimant reported: I fell off the roof and was suspended in my harness. I hit my right knee and right arm and elbow as I fell. After being suspended in my harness I fainted. My rope was cut and I fell to the ground.

Additional Information?:

The claimant reported: Tree fell on me.

Additional Information?:

Supervisor's Responsibilities

- 5 USC Chapter 81
- Provide appropriate claim forms
- Counsel employees on their responsibilities
- Reviews medical documentation
- Return employee to work as soon as possible

Alternate Work Assignments

- “Employees don’t get well to return to work, they return to work to get well.”
- Creating a temporary assignment for the employee.
- Must be within MD approved restrictions
- Reduces OWCP costs significantly.

Monitor and Review Cases

- Actively monitor new cases from the start.
- Review existing cases on a regular basis.
 - Are they alive?
 - Change in medical condition?
 - Suitable position available?
(Including seasonal employees)

Fraud – Possible Red Flags

- Facing firing or layoff
- Seasonal near end of appointment
- History of submitting subjective claims
- Several family members on WC
- IW does not promptly report injury to supervisor
- Discrepancies between IW's account of injury and medical evaluation
- Discrepancies between IW's account of injury and witness' accounts
- Timing of injury i.e. the beginning of every fishing season.

You Can Make A Difference!

- Create and maintain a safety culture
- Use your resources
- Actively monitor the progress of new cases
- Aggressively use AWA's
- Regularly participate in the review of old cases

To Get Credit...

- Make sure you print your name on the attendance roster
- National Park Service Employees go to www.nps.gov/training/tel, click on the DOI Learn tab and find the Evaluation for this class and complete.
- For employees from other agencies log into DOI Learn and go to My Courses. Find this class and click on Post-Event Survey and complete.

Appendix A – Sample Letter Requesting Review of AWA

P3415 (HR-YOSE)

November 26, 2005

Dr. Steve Tocord
26 Medical Way
Merced, CA 98117

Reference: Larry Dardel – Return to Work

Dear Dr. Tocord:

In order to provide employees who have suffered on-the-job injuries/illnesses with an opportunity to return to work the National Park Service has developed a Short Term Case Management Program. This program allows for the development of alternative work assignments during the injured workers' recovery process.

Larry's position of record is a Maintenance Worker. In an effort to accommodate Mr. Larry's work restrictions, he has been performing primarily administrative type work since his surgery on August 26, 2005. Since it has been 3 months since his surgery, we would like to start accommodating him more within the duties of his normal occupation as a Maintenance Worker. Therefore, with consideration of the restrictions outlined in his work release dated October 6, 2005 his supervisor has developed the attached Alternative Work Assignment (AWA).

Please note on the AWA sheet any restrictions or other information, which you deem necessary for the employee to follow during the recovery process. As part of this program, both the employee and the supervisor are obligated to follow your directions and adhere to medical restrictions during this temporary work. We will also need to know when the period of modified work restrictions is expected to end.

If you have any questions, please feel free to call me at (209) 379-1878. Please fax your response to (209) 379-1934.

Sincerely,

Cindy Whitten
Workers' Compensation Coordinator

Cc: Larry Dardel
USDOL/OWCP

Appendix A (Page 2)

Yosemite National Park			
Alternative Work Assignment			
This is a description of a Alternative Work Assignment (AWA) available to our employee during their medical recovery process			
Employee Name:			
DOB:			
Job Title:	Maintenance Worker	Division:	Maintenance
Hours Available:	up to 9 hours per day	Supervisor:	Ron Bagatol (928)638-5678
Job Summary			
Cleaning and Sanitizing Restrooms	Litter Removal	Condition Assessment of Campgrounds	Office Custodial Duties
<ul style="list-style-type: none"> • <i>Cleaning fixtures</i> • <i>Wiping down walls and partitions</i> • <i>Emptying waste receptacles (less than 20 pounds)</i> • <i>Dusting</i> 	<ul style="list-style-type: none"> • <i>Picking up litter</i> • <i>Emptying litter bags (less than 10 pounds)</i> 	<ul style="list-style-type: none"> • <i>Visual inspection of site furnishings</i> • <i>Entering data on forms</i> 	<ul style="list-style-type: none"> • <i>Vacuuming Floors</i> • <i>Cleaning Windows</i> • <i>Emptying waste baskets</i> • <i>Dusting</i>
Physical Demands			
Standing: Sitting: Walking: Lift/Carry: Push/pull:		Bending: Twisting: Climbing: Arm/Hand:	
Physician Comments: I have reviewed the physical demands and release the worker to perform these temporary work assignments: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with the following adjustments: 			
Physician's Name			
Physician's Signature:			
Date Signed:			

Appendix B – Sample Letter to Employee

Mr. Jonathan Cowser
1728 Any Street
Somewhere, USA

Dear Johnny:

We sincerely hope this letter finds you doing better. It is unfortunate that you suffered an on-the-job injury, but we are here to help you during this time as much as possible. You are a valued employee and your skills, knowledge, and abilities are an integral part of the work force.

During your healing process, we would like to maintain consistent contact with you. We are anticipating your full recovery and return to duty. Therefore, we want you to help us in this process by insuring that you contact my office as much as you would like, but no less than once per week. As you move along in your healing process, we will be here to provide any additional assistance that you need such as providing the appropriate claim forms, reviewing and submitting the claims forms to the Office of Worker's Compensation, and processing your time and attendance information with the appropriate codes. In order to reduce the chances of an interruption in your pay, it is vitally important that we maintain consistent contact regarding your progress and work status. In addition, we will be providing alternate work assignments for you and your doctor to review and approve. This is a means of returning you to duty as soon as possible.

Again, you are an important part of our work force. Even though we do not always get to say this, you are needed and we are looking forward to your return. You may reach me by calling _____ and you can also contact Howard Taylor, who is our Workers' Compensation Coordinator. Mr. Taylor can be reached on _____.

I look forward to speaking with you.

Sincerely,

Wylie, the Supervisor
A Park in the USA

Appendix C – Supervisor Checklist

- ☐ Seek emergency medical care for employee if necessary.
- ☐ If necessary, arrange for transportation to medical provider and provide for reasonable immediate needs of employee, i.e. family notification, etc.
- ☐ Immediately notify the Workers' Compensation Coordinator of new injury/illness.
- ☐ Report cases of injury or illness to park safety officer (for follow up investigation, OSHA reporting, etc.).
- ☐ Go online to SMIS and complete supervisor portion of CA-1 "Notice of Traumatic Injury" OR CA-2 "Notice of Occupational Disease" Complete CA-2a "Notice of Recurrence" and forward to Workers' Compensation Coordinator.
- ☐ Enter required information into the Safety Management Information System (SMIS) and complete any individual park accident reports and assist in the accident investigation.
- ☐ Follow-up with the Workers' Compensation Coordinator to determine future work needs.
- ☐ If it appears that employee will have work restrictions or lose work time, identify Alternative Work Assignments (AWA) and submit to Workers' Compensation Coordinator. Contact any other work group supervisor who will be affected by an AWA. [Base AWA assignments on any conditions or limitations placed on employee by medical provider and adhere to those limitations.]
- ☐ Have the employee review and sign the AWA, and provide a copy of the assignment to the employee. Provide necessary instructions regarding the assignment.
- ☐ Keep the Workers' Compensation Coordinator informed of the status and any problems or potential problems regarding the case.
- ☐ Coordinate with timekeeper to ensure that proper codes are entered on time sheets to correctly track any COP and/or leave hours.
- ☐ In the event the employee should apply for compensation payment from OWCP, ensure SF-52, Notice of Personnel Action is initiated for leave-without-pay. When employee returns to work, initiate return to duty SF-52.
- ☐ Maintain personal contact with *your* injured employee during time away from work
- ☐ Return the employee to work as soon as possible.

Appendix D – Employee Information Sheet

**Your Letterhead
123 Nature Way Road
Anywhere, USA**

Employee Responsibilities When Filing A Notice of Traumatic Injury

Be Advised	According to Federal Employee's Compensation Act (FECA) regulations as revised effective January 4, 1999, employees claiming workers' compensation benefits under the FECA have certain obligations and responsibilities as listed below.
Reporting An Injury	All injuries, regardless of how slight or serious, must be reported to your supervisor immediately or as soon as is reasonably possible.
Filing an Injury Claim	In order to initiate a claim, you must electronically file a CA-1 form using the Safety Management Information System (SMIS). The SMIS web address is http://www.smis.doi.gov . Once you get to the home page, click on "Accident Reporting." If you need assistance with initiating a claim, or if you do not have access to the Internet, immediately contact your supervisor and/or your workers' compensation coordinator. If medical treatment is needed, you will be given a CA-16 form which authorizes medical treatment at the agency's expense and should be completed by your physician with forms CA-17/CA-20. The CA-1 must be submitted within 30 days after the date of injury to continue your probable entitlement to continuation of pay (COP).
Secure Medical Treatment As Soon As Possible	Get medical treatment as needed. Your supervisor and the designated OWCP coordinator can help you obtain the medical care you need. It is your right to elect the physician or facility of your choice to obtain medical treatment. However, emergency room visits should only be for emergency situations and should be limited to 1 visit for the same injury. If your claim is accepted by OWCP, more than 1 visit to the emergency room for the same injury will not be covered unless there are exceptional or extenuating circumstances.
Submit Medical Documentation As Soon As Possible	Secure and submit your medical evidence promptly. Your medical documentation should be submitted to your supervisor within 10 workdays. Failure to do so may interfere in your receipt of timely benefits, including COP. Promptly inform your supervisor on your medical status if you cannot submit the supporting medical documentation within the established timeframe.
Alternate Work Assignment (Limited/Light Duty)	Inform your doctor that the agency does have Alternate Work Assignments (AWA) that may accommodate any restrictions or limitations that you may have as a result of your injury. Your supervisor will provide you with copies (Limited/Light of such AWAs and any other supporting documentation to furnish your doctor as needed to make a determination regarding your return to work as soon as medically possible.

(Over)

Appendix D – Employee Responsibilities When Filing a CA-1 (cont.)

Employee Responsibilities When Filing A Notice of Traumatic Injury

Page 2

**Properly Inform
Supervisor When
You Are Able to
Return to Work**

Upon learning about your restrictions and/or limitations specified by your doctor, notify your supervisor with written notification from your doctor. This information can be written on the applicable AWA or on the doctor's office stationery. You are obligated to communicate with your supervisor once a determination has been made by your doctor that you can return to work in a limited duty status and/or when you are able to return to full duty.

**Returning Back
To Work**

You are obligated to return to regular duty as soon as you are able to do so. You are obligated to accept suitable offers by your supervisor of any short-term AWA not in conflict with the medical limitation and/or restriction caused by your job-related injury.

**Important Points
to Remember**

Filing a work-related injury claim does not negate your responsibilities to follow leave policies and procedures. Remember to remain in continuous contact with your supervisor while you are disabled by your job-related injury. Your failure to comply with these procedures may interfere with your receipt of compensation benefits.

All claims for disability compensation or medical treatment under FECA due to a job-related injury must be supported by medical evidence from your doctor. To ensure your entitlement to receipt of workers' compensation benefits, you must submit all medical evidence within the timeframes established by law.

If you fail to submit the required medical evidence within 10 workdays after the injury occurs, or if you refuse to accept and perform an approved AWA, your entitlement to COP will be revoked.

Medical limitations and/or restrictions imposed as a result of your job-related injury are applicable to activities away from work also. Engagement in activities at work or away from work that are inconsistent with the limitations and/or restrictions determined by your treating physician could lead to administrative disciplinary action against you, up to and including removal from Federal government service, and a suspension or discontinuance of your compensation benefits.

You are advised to contact your supervisor and/or the Park OWCP Coordinator regarding any information that changes your status while recovering from your job-related injury. If you have any questions or have any concerns about your claim or status, you should call _____.

I am in receipt of this document entitled, "Employee Responsibilities When Filing a Traumatic Injury." I have read and understand the information contained in this document. I understand that if I have questions regarding the information in this document, I should contact my supervisor and/or call the phone number listed above.

Received by: _____
Signature Date

A copy of the signed document will be placed in the agency's OWCP file for the employee.

Appendix E – Safety Review/Analysis Checklist

General

- ☐ Are all fields populated?
- ☐ Is the accident date correct?
- ☐ Do codes match factual information given? (No blank code boxes.)
- ☐ No boxes with “unclassified”. Take the time to choose something that is as close as possible to cause, source, type, nature of injury.

What was happening just before the accident?

- ☐ What is the location?
- ☐ Is the work activity well described?
- ☐ Was the injured employee part of a team or working alone? Who was involved?
- ☐ How long had the employee been working? What was the employee doing just before the incident?
- ☐ What were the environmental conditions?

What happened and contributing factors

- ☐ What happened at the time of event that caused or contributed to the negative outcome (causal factors)? Consider:
 - ☐ Human factors—Did personnel perform work according to procedure (and do procedures exist) ?
 - ☐ Equipment factors—Did equipment perform as expected or did something malfunction?
 - ☐ Unsafe or unhealthy working condition—Was the condition related to design? To a process?
- ☐ Avoid leaving fields or codes blank.

Appendix E – Safety Review/Analysis Checklist (cont.)

- ❑ Does the narrative identify physical or behavioral factors that may have contributed to the accident? For example, physical—an object such as a chemical or an overhead obstruction; behavioral—was there misconduct, intoxication, or an underlying emotional problem?
- ❑ What was the nature and severity of the injury, illness or property damage? What body part was affected?

Corrective actions

- ❑ What initial corrective action was taken, if any?
- ❑ Solutions identified are clear and measurable. Vague or subjective actions like, "pay more attention", "be more careful", "counseled employee...", "re-emphasized safety procedure", etc. are ineffective.
- ❑ Does each corrective action recommended meet the 'test'? That is, If the solution were in place before the incident, would the incident still have taken place?
- ❑ Do not leave this area blank !
- ❑ Make sure you save information before proceeding!

Appendix F - Authorized Fitness Activities for Law Enforcement Officers

The intent of the fitness program is to help commissioned employees to maintain a level of fitness to successfully complete basic training and perform the rigorous duties of law enforcement. The primary focus of fitness time is to provide for activities that promote physical fitness -- not necessarily to provide for recreation or skills training.

Fitness activities must be a bureau-approved activity, and should be appropriate to the individual. Different physical activities pose different risks for injury. To minimize the chance of injury while exercising, only approved activities are authorized:

- Running (road or treadmill)
- Walking
- Weight Training
- Road/stationary bicycling
- Use of gym equipment
- Aerobics/Calisthenics
- Stretching/Yoga
- Swimming (Pool)
- Cross-Country Skiing
- Snowshoeing
- Non-sparring, non-impact martial art training (cardio-kickboxing, etc.)

Competitive sports and other activities having a higher associated risk for injury are not authorized. Examples of activities that are not authorized include but are not limited to: basketball, baseball, softball, volleyball, wrestling/martial arts, off-road bike riding, rock climbing, power lifting, football, defensive tactics, scuba diving, surfing and downhill skiing/snowboarding. Additional activities identified by the Fitness Program Coordinator as presenting an increased risk may also be prohibited.

A current list of approved/prohibited activities is maintained on the NPS Fitness Program website. Fitness Coordinators wishing to request new fitness activities to be added to the approval list should contact the Fitness Program Manager by email. The Fitness Program Manager may authorize additional activities that meet similar risk profiles.

The Fitness Program is managed at the NPS Law Enforcement Training Center, and the Fitness Program web site can be found through the NPS-LETC web site at <http://inside.nps.gov/waso/waso.cfm?prg=802&lv=3>.

Physical Fitness Agreement Required

A Physical Fitness Agreement is required prior to participation in Physical Fitness time. The agreement requires input from the employee, supervisor, and Fitness Coordinator, and must be signed and dated by all three parties to be complete. The agreement will identify the approved physical activities and the schedule when the employee will participate in the approved activities. Only approved activities will be authorized on the Fitness Agreement. Any injuries incurred participating in a non-authorized/prohibited activity or not included in the Physical Readiness Agreement will not be covered under the Federal Employees Compensation Act.

To Get Credit for the Course...

National Park Employees

- Take the on-line evaluation at:
- www.nps.gov/training/tel
- Click on the DOI Learn tab
- Go to link under Class Evaluation for **A Supervisor's Guide to Workers' Compensation: Fact & Fiction**
- Please complete the evaluation within 2 weeks of the course
- Sign the Attendance Roster

Non-NPS Employees

- Register in DOI Learn before COB Monday May 4,
<https://doilearn.gov.gov>
- Evaluation form will be emailed to you by Tuesday morning
- Complete and email back